

Hazardous Waste Generator/Transporter Compliance Inspection Report

General

Time A.M. Date January 5, 1995

Facility Name Ashland Chemical Company EPA ID No. KSD000203638

Street 3155 Fiberglass Road City Kansas City, KS Zip 66115

Mailing Address (if different than above) _____

County Wyandotte Phone (913) 621-2410

Contact(s) William Dame (Plant Manager)

Inspector(s) Jim Fischer

Type of Business Formulator of water treatment chemicals

Has the company declared any information/processes as trade secrets (KSA 65-3447)? Yes No
If yes, explain. ☐ ☒

Industrial Wastes Generated

(List hazardous waste first)

Waste:	Various off spec/outdated water treatment chemicals	Various QA/QC Lab wastes
If waste is hazardous, give HW ID Number:	Potential D001-D002-D003-U031 U070-U113-U044-U188	Potential F002-D001-D002
Amount generated per month:	Varies	Varies
Amount presently in storage:	22 30 gal.drums of (Sodium Hypochlorite)	None
Accumulation time:	Less that 90 days	- - -
Present disposal method:	Heritage Environmental Service Kansas City, MO	Heritage Environmental Service Kansas City, MO



Waste:		
If waste is hazardous, give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal method:		

General Requirements (GGR)

- I. Has the facility evaluated all potentially hazardous waste(s) to determine if it is hazardous? (KAR 28-31-4(b)) (Yes) No
- A. If waste(s) was tested, was the analysis conducted by a laboratory certified by KDHE? (KAR 28-31-4(b)(3)(A)) (Yes) No NA
- B. If waste(s) was tested, are the results kept for three years? (KAR 28-31-4(f)(1)(C)) (Yes) No NA
- II. If hazardous waste(s) is disposed of via the sanitary sewer to a Publicly Owned Treatment Works (POTW), has written permission been obtained from the operator of the POTW? (KAR 28-31-3/40 CFR 261.4) Yes No (NA)
- III. If industrial waste(s) is disposed of at a permitted sanitary landfill, has a disposal authorization been obtained? (KAR 28-29-23) Yes No (NA)
- A. If yes, list the authorization number(s): _____ Yes No (NA)
- IV. Facility size classification:
- ☐ Not a Generator ☐ Small Qty. Generator ☐ Kansas Generator ☒ EPA Generator
- ☒ T/S/D Facility ☐ Transporter ☐ HW Burner/Marketer ☐ Used oil Burner/Marketer

STORAGE AREA CLOSED 1991 - PERMIT EXPIRES 4-95

Hazardous Waste Determination Requirements: ☒ Adequate ☐ Inadequate

Notification Requirements (GGR)

- V. Has generator notified KDHE and obtained an EPA Identification Number? (KAR 28-31-4(c)) (Yes) No NA
- VI. Is current notification accurate? (KAR 28-31-4(c)(1)) (Yes) No NA
- A. Is this facility marketing (selling) hazardous waste as a fuel? Yes No (NA)
- B. Is this facility marketing (selling) used oil as a fuel? Yes No (NA)
- (If yes, to either question A or B, complete Used Oil Fuel Marketers/Blenders Checklist.)
- C. Is this facility burning hazardous waste as a fuel? Yes No (NA)
- D. Is this facility burning used oil as a fuel? Yes No (NA)

Notification Requirements: ☒ Adequate ☐ Inadequate ☐ NA

(If small quantity generator, stop here.)

Manifests (GMR)

VII. Is a contractual agreement used in place of manifesting? (KAR 28-31-4(d)(7)(A-C)/40 CFR 262.20(e)(1-2))	Yes	No	
A. If yes, does the contractual agreement include the type of waste and frequency of shipments?	Yes	No	
B. If yes, is the vehicle used to transport the waste owned and operated by the reclaimer of the waste?	Yes	No	
C. If yes, is a copy of the agreement kept for a period of three years after termination of agreement?	Yes	No	NA
VIII. Is a current manifest showing revision date and burden disclosure statement used? (KAR 28-31-4(d)/40 CFR 262.20)	Yes	No	NA
A. If yes, does manifest(s) include:			
1. Generator EPA Identification Number (12 digit) and manifest document number (five digit)?	Yes	No	NA
2. Number of pages?	Yes	No	
3. Generator's name and mailing address?	Yes	No	
4. Generator's phone number?	Yes	No	
5. Transporter 1 Name?	Yes	No	
6. Transporter 1 EPA Identification Number?	Yes	No	
7. Transporter 2 Name?	Yes	No	NA
8. Transporter 2 EPA Identification Number?	Yes	No	NA
9. Name and site address of designated facility?	Yes	No	
10. Designated facility's EPA Identification Number?	Yes	No	
11. Waste Description (DOT shipping name, hazard class, and Identification Number)?	Yes	No	
12. Number and type of containers?	Yes	No	
13. Total quantity?	Yes	No	
14. Unit (weight or volume)?	Yes	No	
15. Special handling instructions?	Yes	No	NA
16. Generator's certification including waste minimization statement, generator's signature, and date?	Yes	No	
17. Name, signature, and date of transporter 1?	Yes	No	
18. Name, signature, and date of transporter 2?	Yes	No	NA
B. Does generator retain a copy of manifest(s) signed by both generator and transporter? (KAR 28-31-4(d)(4)(A-C))	Yes	No	
C. Does generator retain copy of manifest(s) signed and dated by T/S/D/ facility owner/operator for three years? (KAR 28-31-4(f)(1)(A))	Yes	No	
D. Has generator ever failed to receive a signed copy of a manifest within 45 days of initiating a shipment?	Yes	No	NA
1. If yes, was exception report(s) filed? (KAR 28-31-4(f)(4)(B))	Yes	No	NA
2. If yes, was copy retained for three years? (KAR 28-31-4(f)(1)(A))	Yes	No	NA

Manifesting Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Land Disposal Restrictions Requirements (GLB)

- IX. Does facility generate any wastes subject to the land disposal restrictions requirements of 40 CFR 268, Subparts B and C?
List these wastes:

Yes No

A. Various metals D. _____
B. _____ E. _____
C. _____ F. _____

- X. Is the waste(s) covered by a National Variance(s), Extension, or Petition? (40 CFR 268 5&6)
A. If yes, describe the variance, extension, or petition which applies:

Yes No

- XI. Is the waste covered by an exemption? (40 CFR 268.1(c)(2))
A. If yes, does the generator provide a notice with the waste to the T/S/D facility stating that the waste is exempt from the land disposal restrictions? (40 CFR 268.7(a)(3))

Yes No

Yes No

- XII. Does generator ship waste(s) covered by the Land Disposal Restrictions off-site for treatment or disposal?

Yes No

- A. If yes, does the generator provide a notification to the T/S/D facility that includes: EPA hazardous waste number(s), applicable treatment standards, manifest number(s), and waste analysis data, if available? (40 CFR 268.7)

Yes No

- B. If yes, is a copy of this notification kept for five years?

Yes No

- XIII. Does generator treat restricted waste(s) on-site so that they are below the land disposal restrictions standards? (If yes, fill out land disposal restrictions checklist.)

Yes No

Land Disposal Restrictions Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Pre-Transport Requirements (GPT)

- XIV. Does generator package waste in accordance with DOT requirements? (KAR 28-31-4(e)(1))

Yes No NA

- XV. Does generator label (flammable liquid, poison, etc.) each package in accordance with DOT requirements of 49 CFR 172.101 or 172.102? (KAR 28-31-4(e)(2))

Yes No NA

- XVI. Does generator mark (consignee's or consignor's name and address, etc.) on each package in accordance with DOT requirements of 40 CFR 172 Subpart D? (KAR 28-31-4(e)(3))

Yes No NA

- A. Does generator mark each container of 110 gallons or less as below? (KAR 28-31-4(e)(3))

Yes No NA

Hazardous Waste—Federal Law Prohibits Improper Disposal.
If found, contact the nearest police or public safety authority or the US EPA.

Generator's Name and Address

Manifest Document Number

- XVII. Does generator have placards to offer to transporters in accordance with 49 CFR 172 Subpart F? (KAR 28-31-4(e)(4))

Yes No NA

XVIII. Does generator only use a transporter who is properly registered with the department? (KAR 28-31-4(c)(2))

Yes No NA

Pre-Transport Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Biennial Reports (GRR)

XIX. Has generator submitted a biennial report(s) to KDHE? (KAR 28-31-4(f)(2))

Yes No NA

A. If yes, does generator retain copies for three years? (KAR 28-31-4(f)(1)(B))

Yes No NA

(Note: compare quantities reported on last biennial report with the total quantity of all manifests for those years.)

Biennial Report Requirements:

☒ Adequate

☐ Inadequate

Special Conditions (GSC)

XX. Has generator received or transported any hazardous waste to or from a foreign source? (40 CFR Subpart E & F)

Yes No

A. If yes, has generator filed a notice with the Secretary of Health and Environment?

Yes No NA

B. Is waste manifested and signed by a foreign consignee?

Yes No NA

C. If generator transports waste out of the country, has confirmation of delivered shipment been received?

Yes No NA

Special Conditions Requirements:

☐ Adequate

☐ Inadequate

☒ NA

Storage Requirements (GPT)

XXI. Does generator temporarily store waste before transport?

Yes No

A. For 90 days or less?

Yes No NA

B. For more than 90 days?

Yes No NA

C. If waste is stored in containers:

1. Are containers marked with the words: "Hazardous Waste"? (KAR 28-31-4(g)(3) or (h)(1)(D))

Yes No NA

2. Is the accumulation start date marked on each container? (KAR 28-31-4(g)(2) or (h)(1)(C))

Yes No NA

3. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste? (KAR 28-31-4(g)(1) or (h)(1)(B))

Yes No NA

4. Does generator conduct weekly inspections of containers for signs of leakage and/or deterioration caused by corrosion or other factors? (KAR 28-31-4(k))

Yes No NA

a. If yes, are these inspections documented in a log that includes date and time of inspection, full name of inspector, notations of observations, and date and nature of remedial actions? (KAR 28-31-4(k)/40 CFR 265.15(d))

Yes No NA

5. Are containers holding igniti or reactive waste(s) located at least 15 m (50 feet) from the facility's property line? (EPA Generator and T/S/D Only) (KAR 28-31-4(g)(1) / 40 CFR 265.176)

Yes No NA

6. If waste in containers is incompatible with other materials stored nearby, are the containers separated from the other materials by means of a dike, berm, wall, or other means? (KAR 28-31-4(g)(1) or (h)(1)(B) / 40 CFR 265.177)

Yes No NA

7. Does generator have any satellite storage areas? (KAR 28-31-4(j))

Yes No NA

If yes,

SHAC Lab

a. Is the waste stored in a container at or near the point of generation and under the control of the operator of the process generating the waste?

Yes No

b. Is the container in good condition and closed except to add or remove waste?

Yes No

c. Is the container marked with the words: "Hazardous Waste"?

Yes No

d. Is the container marked with the accumulation start date at the time it becomes full?

Yes No

e. Is the full container moved to the storage area within three days after it became full?

Yes No

(If waste(s) is placed in tanks, piles, or surface impoundments, complete the appropriate inspection checklist.)

Storage Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Kansas Generator's Emergency Preparedness (GSQ)

XXII. Has facility named one employee as emergency coordinator? (KAR 28-31-4(h)(1)(E))

Yes No

A. Is the emergency coordinator available to respond to an emergency by reaching the facility within a short period of time?

Yes No

B. Is the emergency coordinator or his/her designee prepared to respond to any emergencies (fires, spills, or releases) that arise?

Yes No

C. Is the emergency coordinator familiar with the reporting requirements of KAR 28-31-4(h)(2)?

Yes No

XXIII. Is the following information posted next to at least one telephone which is immediately assessable in an emergency? (KAR 28-31-4(h)(1)(F))

A. Name and telephone of emergency coordinator?

Yes No

B. Location of fire extinguishers, fire alarms, or spill control material, if available?

Yes No

C. Telephone number of fire department unless the facility has a direct alarm?

Yes No NA

XXIV. Have employees been trained so that they are familiar with proper waste handling and emergency procedures that are relevant to their responsibilities during normal facility operations? (KAR 28-31-4(h)(1)(G))

Yes No

A. Is this training documented in any way?

Yes No

Kansas Generator's Emergency Preparedness Requirements :

☐ Adequate

☐ Inadequate

☐ NA

(If Kansas generator, stop here.)

Preparedness and Prevention (GPT)

XXV. If appropriate, based upon the nature and quantity of waste(s) generated and stored at the facility, is the facility equipped with:

- A. Internal communication or alarm system easily accessible in case of emergency? (KAR 28-31-4(g)(4)/40 CFR 265.32(a)) Yes No NA
- B. Telephone or hand-held two-way radio capable of summoning emergency response personnel? (KAR 28-31-4(g)(4)/40 CFR 265.32(b)) Yes No NA
- C. Portable fire extinguisher, fire control equipment, spill control equipment, and decontamination equipment? (KAR 28-31-4(g)(4)/40 CFR 265.32(c)) Yes No NA
- D. Is water of adequate volume provided for hose streams, foam producing equipment, sprinklers, etc.? (KAR 28-31-4(g)(4)/40 CFR 265.32(d)) Yes No NA
- E. Is this equipment (A-C above) tested and maintained to ensure its proper operation? (KAR 28-31-4(g)(4)/40 CFR 265.33) Yes No NA

XXVI. Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment? (KAR 28-31-4(g)(4)/40 CFR 265.35) Yes No NA

XXVII. If appropriate for the type(s) of waste handled, has the owner/operator made the following arrangements:

- A. Familiarized the local emergency authorities with the facility, waste(s) handled, entrances and exits? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(1)) Yes No NA
- B. Designated one authority where one or more police or fire departments might respond to an emergency? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(2)) Yes No NA
- C. Made agreements with local emergency response teams, emergency response contractors, and equipment suppliers? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(3)) Yes No NA
- D. Familiarized local hospitals with the properties of hazardous waste(s) handled and types of injuries which could result from fires, explosions, or releases at the facility? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(4)) Yes No NA

XXVIII. In cases where local authorities decline to enter into such arrangements, is the refusal entered in the operating record? (KAR 28-31-4(g)(4)/40 CFR 265.37(b)) Yes No NA

Preparedness and Prevention Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Personnel Training (GPT)

XXIX. Has the owner/operator established a hazardous waste management training program? (KAR 28-31-4(g)(4)/40 CFR 265.16) Yes No

- A. Is the program directed by a person trained in hazardous waste management? (40 CFR 265.16(a)(2)) Yes No
- B. Are new personnel trained within six months after their employment? (40 CFR 265.16(b)) Yes No
- C. Are new employees supervised until training is completed? (40 CFR 265.16(b)) Yes No
- D. After initial training, are employees trained on an annual basis? (40 CFR 265.16(c)) Yes No
- E. Does the facility maintain the following documents and records:
1. Job title and job description for each position related to hazardous waste management? (40 CFR 265.16(d)(1)&(2)) Yes No
 2. Description of type and amount of training to be given each person? (40 CFR 265.16(d)(3)) Yes No
 3. Records of training given to facility personnel? (40 CFR 265.16(d)(4)) Yes No

Personnel Training Requirements:

☒ Adequate

☐ Inadequate

Contingency Plan (GPT)

XXX. Does the facility have a contingency plan? (KAR 28-31-4(g)(4)/40 CFR 265 Subpart D)

☒ Yes ☐ No

If yes,

A. Does the plan list the name(s), home address, and phone number of designated emergency coordinator(s) in the order in which they should be contacted? (40 CFR 265.52(d))

☒ Yes ☐ No

B. Is an emergency coordinator available at all times? (40 CFR 265.55)

☒ Yes ☐ No

C. Does the plan describe emergency actions facility personnel must take to respond to fires, explosions, or releases of hazardous waste? (40 CFR 265.52(a))

☒ Yes ☐ No

D. Does the plan describe arrangements made with emergency response agencies? (40 CFR 265.52(c))

☒ Yes ☐ No

E. Does the plan include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of its capabilities? (40 CFR 265.52(e))

☒ Yes ☐ No

F. Does the plan include an evacuation plan for facility personnel that describes signals and evacuation routes? (40 CFR 265.52(f))

☒ Yes ☐ No

G. Have copies of the plan been provided to outside emergency response agencies and hospitals? (40 CFR 265.53)

☒ Yes ☐ No

*Facility will prepare new CP
After permit Expires 4-95*

Contingency Plan Requirements:

☒ Adequate

☐ Inadequate

(If EPA generator, stop here.)

Summary
Ashland Chemical Company
3155 Fiberglass Road
Kansas City, Kansas
EPA Identification Number KSD000203638

On January 5, 1995, the above facility was inspected to determine compliance with State hazardous waste regulations.

The facility continues to operate as a formulator of water treatment chemicals. Refer to previous inspection reports for additional information.

Violations

None noted on day of inspection

Comments/Observations

In 1991 the facility discontinued using the permitted storage area (refer to file for information regarding closure). Hazardous waste is now stored in a designated "less than 90 day" storage area located inside the facility.

On the day of the inspection the generator was storing 23 containers of hazardous waste. Twenty two (22) drums contained off-spec or obsolete water treatment chemical (Sodium hypochlorite D002, D003). The remaining drums contained paint dust/chips (D007, D008) generated from an on-site renovation project.

In 1992 the facility installed a tank farm consisting of one (1) 12,000 gallon and nine (9) 7,500 gallon product storage tanks, and discontinued receiving drummed product for formulation/repacking.

Other changes that have occurred include closing the R & D laboratory (only a small QA/QC lab remains) and the installation of an outside product storage tank located where the insulated railcar storage tanks were previously located.

The facility storage permit will expire in April 1995. The facility has no intention of renewing the permit. A new RCRA Emergency Contingency Plan (CP) will be prepared. The generator was advised KDHE could review the contingency plan prior to distribution to ensure so that it meets State/Federal requirements. The generator was supplied with a sample contingency plan and a 1994 Hazardous Waste Generators Handbook.

JF:gz



Kansas Department of Health and Environment
Bureau of Waste Management
Forbes Field, Topeka, Kansas 66620-0001 (913) 862-9360

RCRA Compliance Inspection Report

T/S/D Facilities Checklist

40 CFR Part 265—Interim Status Standards

General

Time A.M. Date January 5, 1995

Facility Name Ashland Chemical Company EPA ID No. KSD000203638

Street 3155 Fiberglass Road City Kansas City, Kansas Zip 66115

Mailing Address (if different than above) _____

County Wyandotte Phone (913) 621-2410

Contact(s) William Dame (Plant Manager)

Inspector(s) Jim Fischer

Other _____

Activity at Site

Treatment

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Chem/Phys/
Bio Treatment | <input type="checkbox"/> Filtration | <input type="checkbox"/> Incineration | <input type="checkbox"/> Recycling/Recovery |
| <input type="checkbox"/> Volume Reduction | <input type="checkbox"/> Reprocessing | <input type="checkbox"/> Solvent Recovery | <input type="checkbox"/> Thermal Treatment |
| | <input type="checkbox"/> Waste Oil | <input type="checkbox"/> Other: _____ | |

Storage

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Drums | <input type="checkbox"/> Pile | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Tank, above ground |
| <input type="checkbox"/> Tank, below ground | <input type="checkbox"/> Other: _____ | | |

Disposal

- | | | | |
|---------------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Incineration | <input type="checkbox"/> Landfill | <input type="checkbox"/> Land Treatment | <input type="checkbox"/> Surface
Impoundment |
| <input type="checkbox"/> Other: _____ | | | |

Comments Generator has not used permitted storage area since 1991.

Permit will expire in April 1995. Generator does not intend

to renew the permit.

Waste Analysis Plan (DGS)

I. Does facility maintain a copy of its waste analysis plan at the facility? (265.13(b))

Yes No

A. If yes, does the plan include:

1. Parameters for which each hazardous waste will be analyzed and rationale for the selection of these parameters? (265.13(b)(1))

Yes No

2. Test methods which are used to test for these parameters? (265.13(b)(2))

Yes No

3. Sampling method used to obtain sample? (265.13(b)(3))

Yes No

4. Frequency with which the initial analysis will be reviewed or repeated to ensure the analysis is current? (265.13(b)(4))

Yes No

5. For off-site facilities, the waste analyses that generators have agreed to supply? (265.13(b)(5))

Yes No NA

6. For off-site facilities, the procedures which are used to inspect and analyze each movement of hazardous waste received to ensure that it matches the identity of the waste designated on the manifest? (265.13(b)(6))

Yes No NA

Waste Analysis Plan Requirements:

☐ Adequate

☐ Inadequate

Security (DGS)

II. Does the facility provide either of the following:

A. A 24-hour surveillance system (TV monitoring or guards)? (265.14(b)(1))

Yes No

B. An artificial or natural barrier (fence, fence and cliff combination) and a means to control entry (attendant, TV monitoring, locked entrance, controlled roadway access)? (265.14(b)(2))

Yes No

III. Does the facility provide warning signs at entrances? (265.14(c))

Yes No

IV. Does the facility consider itself exempt from security requirements? (265.14(a)(1)(2))

Yes No

Security requirements:

☐ Adequate

☐ Inadequate

☒ NA

General Inspection Requirements (DGS)

V. Does the owner/operator maintain a written schedule at the facility for inspecting: (265.15(b)(1)(2))

A. Monitoring equipment?

Yes No

B. Safety and emergency equipment?

Yes No

C. Security devices?

Yes No

D. Operating and structural equipment?

Yes No

VII. Does the inspection schedule identify the types of problems which are to be looked for during the inspections? (265.15(b)(3))

Yes No

VIII. Does the owner/operator maintain an inspection log? (265.15(d))

Yes No

A. If yes, does the log contain the:

1. Date and time of inspection?

Yes No

2. Name of inspector?

Yes No

3. Notation of observations?

Yes No

4. Date and nature of repairs or remedial action?

Yes No

Inspection Requirements

☐ Adequate

☐ Inadequate

☒ NA

Personnel Training (DGS)

- IX. Does the owner/operator maintain in at the facility the following documents and records (265.16)
- A. Job title and job description for each position related to hazardous waste management? (265.16(d)(1)(2)) Yes No
- B. Description of type and amount of training to be given each person? (265.16(d)(3)) Yes No
- C. Records of training given to facility personnel? (265.16(d)(4)) Yes No

Personnel Training Requirements:

☐ Adequate

☐ Inadequate

Requirements for Ignitable, Reactive, or Incompatible Wastes (DGS)

- X. Does the facility handle ignitable or reactive wastes? (265.17(a)) Yes No
- A. If yes, is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition, and radiant heat? Yes No
- XI. Are smoking and open flames confined to specially designated locations? (265.17(a)) Yes No
- XII. Are "No Smoking" signs posted in hazard areas? (265.17(a)) Yes No
- XIII. Does a check of these areas show any leakage or corrosion of containers? (265.17(b)(4)) Yes No
- XIV. Does a check of these areas show evidence of heat generation from interaction of incompatible wastes? (265.17(b)(1)) Yes No

Ignitable, reactive, or incompatible waste requirements:

☐ Adequate

☐ Inadequate

☒ NA

Preparedness and Prevention (DPP)

- XV. Does an inspection of the facility show any evidence of fire, explosion, or contamination? (265.31) Yes No
- XVI. If applicable to the facility, is the facility equipped with:
- A. Internal communication or alarm system easily accessible in case of emergency? (265.32(a)) Yes No (NA)
- B. Telephone or hand-held two-way radio capable of summoning emergency response personnel? (265.32(b)) Yes No (NA)
- XVII. Are portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment provided? (265.32(c)) Yes No (NA)
- XVIII. Is water of adequate volume provided for hose streams, foam producing equipment, sprinklers, etc.? (265.32(d)) Yes No (NA)
- XIX. Is the equipment (mentioned above) tested and maintained to ensure its proper operation? (265.33) Yes No (NA)
- XX. Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment? (265.35) Yes No (NA)
- XXI. If appropriate for the type(s) of waste handled, has the owner/operator made arrangements with the local emergency authorities to familiarize them with the layout of facility, properties of wastes handled and associated hazards, places where facility personnel normally work, entrances to roads inside the facility, and possible evacuation routes? (265.37(a)(1)) Yes No (NA)

- XXII. In areas where more than one police and fire department might respond, is there one designated authority? (265.37(a)(2)) Yes No **NA**
- XXIII. If appropriate for the type(s) of waste handled, does the owner/operator have agreements with state emergency response teams, emergency response contractors, and equipment suppliers? (265.37(a)(3)) Yes No **NA**
- XXIV. If appropriate for the type(s) of waste handled, has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste(s) handled and types of injuries that could result from fires, explosions, or releases at the facility? (265.37(a)(4)) Yes No **NA**
- XXV. In cases where state or local authorities decline to enter into such arrangements, is the refusal entered in the operating record? (265.37(b)) Yes No **NA**

Preparedness and Prevention Requirements:

☐ Adequate

☐ Inadequate

Contingency Plan and Emergency Procedures (DCP)

- XXVI. Is a contingency plan maintained at the facility and have copies been provided to outside agencies that may be called upon to provide emergency services? (265.53(a)(b)) Yes No
- XXVII. Does the plan describe arrangements made with emergency response personnel? (265.52(c)) Yes No
- XXVIII. Does the plan list the name(s), home address, and phone number of the designated emergency coordinator(s)? (265.52(d)) Yes No
- XXIX. Is an emergency coordinator available at all times? (265.55) Yes No
- XXX. Does the plan include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of its capabilities? (265.52(e)) Yes No
- XXXI. Does the plan include an evacuation plan for facility personnel? (265.52(f)) Yes No

Contingency Plan and Emergency Procedures Requirements:

☐ Adequate

☐ Inadequate

Manifest System, Recordkeeping, and Reporting (DMR)

- XXXII. Does the facility receive waste from off-site? (265.71) Yes No
- A. If yes, does the owner/operator sign and date each copy of the manifest and give a signed copy to the transporter? (265.71(a)(1-3)) Yes No **NA**
- B. Does the owner/operator send a signed copy of the manifest to the generator within 30 days of the delivery? (265.71(a)(4)) Yes No **NA**
- C. Does the owner/operator retain a copy of the manifest? (265.71(a)(5)) Yes No **NA**
- XXXIII. Does the facility receive any waste from a rail or water (bulk shipment) transporter? Yes No
- A. If yes, is the shipment accompanied by a shipping paper containing the appropriate information? (265.71(b)) Yes No **NA**
1. If yes, does the owner/operator sign and date the shipping paper and provide the transporter with a copy? (265.71(b)(1-3)) Yes No **NA**
2. Does the owner/operator send a signed copy of the shipping paper to the generator within 30 days of the delivery? (265.71(b)(4)) Yes No **NA**
3. Does the owner/operator retain a copy of the shipping paper? (265.71(b)(5)) Yes No **NA**

XXXIV. Has the facility received any shipments of waste that were inconsistent with the manifest? (265.72)

A. If yes, was an attempt made to reconcile the discrepancy with the generator and transporter? (265.72(b))

B. If no, was the Regional Administrator notified? (265.72(b))

XXXV. Does the owner/operator keep a written operating record at the facility? (265.73(a))

A. If yes, does the operating record include:

1. A description and the quantity of each hazardous waste received, and method(s) and date(s) of its treatment, storage, and disposal? (265.73(b)(1))
2. The location of each hazardous waste within the facility and the quantity at each location? (265.73(b)(2))
3. Records and result of waste analyses? (265.73(b)(3).)
4. Reports and details of incidents requiring implementation of the contingency plan? (265.73(b)(4))
5. Records and results of required inspections? (265.73(b)(5))
6. Monitoring, testing, or analytical data? (265.73(b)(6))
7. Closure cost estimates (and for disposal facilities, post-closure cost estimates)? (265.73(b)(7))

XXXVI. Has the facility received any waste, which does not fall under the small generator exclusion, not accompanied by a manifest or shipping paper? (265.76)

A. If yes, was an unmanifested waste report submitted to the Regional Administrator?

Yes No

Yes No NA

Yes No NA

Yes No

Yes No NA

Yes No NA

Yes No NA

Yes No NA

Yes No NA

Yes No NA

Yes No NA

Yes No

Yes No NA

Manifest System, Recordkeeping,
and Reporting Requirements:

☐ Adequate

☐ Inadequate

Closure and Post-Closure (DCL)

XXXVII. Does the owner/operator have a written closure plan for the facility? (265.112(a))

A. If yes, does the plan include:

1. A description of how and when the facility will be closed? (265.112(b))
2. A description of the steps necessary to completely close the facility? (265.112(b)(2))
3. An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the facility life? (265.112(b)(3))
4. A description of the steps needed to decontaminate facility equipment at the time of closure? (265.112(b)(4))
5. An estimate of the expected year of closure and a schedule for final closure which includes the total time required to close the facility and the time required for intervening closure activities which allow tracking closure progress? (265.112(b)(5)(6))

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

closed 1991

NA

NA

NA

3. The name, address, and phone number of the person or office to contact during the post-closure period? (265.118(c)(3))

Yes No **NA**

Closure and Post-closure Requirements:

☐ Adequate

☐ Inadequate

NA

Financial Requirements (DFR)

XXXIX. Does the owner/operator have a written estimate of the closure cost? (265.142(a))

Yes No

XL. Has the owner/operator established financial assurance for facility closure and notified the Regional Administrator? (Required after 7-6-82) (265.143)

Yes No

XLI. If the facility is a disposal facility, does the owner/operator have a written estimate of the annual cost of post-closure monitoring and maintenance of the facility? (265.144(a))

Yes No

NA

XLII. Has the owner/operator of the disposal facility established financial assurance for post-closure care and notified the Regional Administrator? (Required after 7-6-82) (265.145)

Yes No

NA

XLIII. Has the owner/operator obtained liability insurance for sudden occurrences of at least \$1 million with an aggregate of at least \$2 million exclusive of legal defense costs? (Effective 7-15-82) (265.147(a))

Yes No

closed 1991

XLIV. If the facility is a disposal facility, has the owner/operator obtained liability insurance for nonsudden and accident occurrences of at least \$3 million per occurrence with an annual aggregate of at least \$6 million exclusive of legal defense costs? (Effective 7-15-82) (265.147(b))

Yes No

NA

Financial Requirements:

☐ Adequate

☐ Inadequate

NA

Management of Containers (DMC)

XLV. Are containers presently used to store hazardous waste? (265.170)

Yes No

A. If no, do not complete questions XLVI through XLIX.

B. If yes, check the condition of containers for evidence of incompatibility of waste with containers. (265.171 and 265.172)

Condition of Containers:

☐ Adequate

☐ Inadequate

☒ **NA**

XLVI. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste? (265.173)

Yes No **NA**

XLVII. Does owner/operator inspect areas where containers are stored, at least weekly, for signs of leakage and/or deterioration caused by corrosion or other factors? (265.174)

Yes No **NA**

XLVIII. Are containers holding ignitable or reactive waste located at least 15 meters (50 feet) from the facility's property line? (265.176)

Yes No **NA**

XLIX. If waste in containers is incompatible with other materials stored nearby, in other containers, piles, open tanks, or surface impoundments, are the containers separated from the other materials by means of a dike, berm, wall, or other device? (265.177)

Yes No **NA**

Management of Containers:

☐ Adequate

☐ Inadequate

NA

Note: Determine if owner/operator claims any information confidential.

Note: Fill out applicable checklists for specific facility types (i.e., tanks, surface impoundments, piles, land treatment, landfills, groundwater monitoring).

Additional Information and Conclusions



NOTICE OF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Division of Environment
Waste Management Program

Hazardous Waste: Complaint() LDF() TSF() ~~GEN()~~ KG() SQ() TRA() UOM() UOB() NOT A GEN()
Solid Waste: Complaint() SLF() TRF() ILF() ~~CDL()~~ HHW() OBS() UOS() WTT() WTP() WTM() YWC() MED()

TO: Ashland Chemical Co. 01/05/95
Facility Name Date
3155 Fiberglass Road Kansas City, KS 66115
Address City State Zip Code

HS1000203638

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ **Violations As Follows**

Citation

N/A

☒ **No Violations Identified**

Description of Violation

N/A

☐ **Other Comments/Concerns:**

None

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 30 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

Kansas Department of Health and Environment
Bureau of District Operation
Waste Management Programs
800 West 24th Street
Lawrence, Kansas 67046 06046

RCRA Records Center
K00006021

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (913) 842-4600 or Bureau of Waste Management in the Topeka Office at (913) 296-1604.

This Notice was prepared by

Tim Fisher
Date 01/05/95

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: DIV. CHRISTIAN

Signature: [Signature]

Title: Super

Date: 1/15/95



RECEIVED

JAN 25 1995

Hazardous Waste Compliance
Monitoring and Enforcement LogFORM
A

HANDLER

ID Number:

KSD0000203638

LDF ()
HWM ()TSF ()
HWB ()GEN ()
UOM ()KG ()
UOB ()SQ () TRA ()
NOT A GEN ()

Handler Name:

Ashland Chemical Company

AT
FTN/A
2/6/95CL
RCRIS2/7/95
2/14/95

Street:

3155 Fiberglass Rd

City:

Kansas City

County:

Wyandotte

EVALUATION

New ☒

Followup: Date (on site)

☐☐☐

Date (of letter)

☐☐☐Delete ☐

Date

95 01 05

Agency

S

Type

CET

Reason

00

Person

JDF

District

ME

Areas of Evaluation (EV - Evaluted, NE - Not Evaluted, NA - Not Applicable)

Storage Area Closed

Generator		Transporter		Treatment/Storage/Disposal Facility				Other							
GER	EU	GPT	EU	TGR		DCH		DGW		DMC		DPP		BRR	
GGR	EU	GRR	EU	TMR		DCL		DIN		DMR		DSI		CAS	
GLB	EU	GSC	EU	TOR		DCP		DLB		DOR		DTR		CSS	
GMR		GSQ		TRR		DFR		DLF		DOT		DTT		FEA	
GOR				TWD		DGS		DLT		DPB		DWP		ILD	

Used Oil

UOM

☐

UOB

☐

UTM

☐

SUM

☐

SUB

☐

COMMENTS

No longer storing waste over 90 days - Permit Expires 4-95
No violations

VIOLATION

Date Determined

☐☐☐New ☐Change ☐Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

S

☐☐☐☐☐☐☐☐☐☐☐☐

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

☐☐☐

Actual:

☐☐☐

VIOLATION

Date Determined

☐☐☐New ☐Change ☐Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

S

☐☐☐☐☐☐☐☐☐☐☐☐

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

☐☐☐

Actual:

☐☐☐

VIOLATION

Date Determined

☐☐☐New ☐Change ☐Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

S

☐☐☐☐☐☐☐☐☐☐☐☐

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

☐☐☐

Actual:

☐☐☐

VIOLATION

Date Determined

☐☐☐New ☐Change ☐Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

S

☐☐☐☐☐☐☐☐☐☐☐☐

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

☐☐☐

Actual:

☐☐☐

Facility Name:

Ashland Chemical Co.

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
B

TD Number: KSD0000203638

Handler Name: Ashland Chemical Co

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S					
---	--	--	--	--	--

Number

--	--	--	--	--	--

Area

--	--	--	--	--	--

Class

--	--	--	--	--	--

Priority

--	--	--	--	--	--

Type

--	--	--	--	--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance** _____

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S					
---	--	--	--	--	--

Number

--	--	--	--	--	--

Area

--	--	--	--	--	--

Class

--	--	--	--	--	--

Priority

--	--	--	--	--	--

Type

--	--	--	--	--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance** _____

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S					
---	--	--	--	--	--

Number

--	--	--	--	--	--

Area

--	--	--	--	--	--

Class

--	--	--	--	--	--

Priority

--	--	--	--	--	--

Type

--	--	--	--	--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance** _____

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S					
---	--	--	--	--	--

Number

--	--	--	--	--	--

Area

--	--	--	--	--	--

Class

--	--	--	--	--	--

Priority

--	--	--	--	--	--

Type

--	--	--	--	--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance** _____

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S					
---	--	--	--	--	--

Number

--	--	--	--	--	--

Area

--	--	--	--	--	--

Class

--	--	--	--	--	--

Priority

--	--	--	--	--	--

Type

--	--	--	--	--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance** _____

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S					
---	--	--	--	--	--

Number

--	--	--	--	--	--

Area

--	--	--	--	--	--

Class

--	--	--	--	--	--

Priority

--	--	--	--	--	--

Type

--	--	--	--	--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance** _____

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

ENFORCEMENT

New ☐ Change ☐ Delete ☐

Date

Y	Y	M	M	D	D
---	---	---	---	---	---

Number

--	--	--	--	--	--

Agency

S					
---	--	--	--	--	--

Type

--	--	--	--	--	--

District

--	--	--	--	--	--

Person

--	--	--	--	--	--

COVERED VIOLATIONS

Agency	Violation Number	Area
S		
S		
S		
S		

Agency	Violation Number	Area												
S	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
S	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
S	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
S	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Agency	Violation Number	Area								
S	<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table><tr><td></td><td></td><td></td></tr></table>			
S	<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table><tr><td></td><td></td><td></td></tr></table>			
S	<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table><tr><td></td><td></td><td></td></tr></table>			
S	<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table><tr><td></td><td></td><td></td></tr></table>			

Comments: - No Violations -

135D3

RECEIVED
BUREAU OF
JAN 8 1992
AIR and WASTE
MANAGEMENT

R-5

**Hazardous Waste Compliance
Monitoring and Enforcement Log**

FORM
A

HANDLER

LDF () TSF () GEN () KG () SQ () TRA ()
HWM () HWB () UOM () UOB () NOT A GEN ()

ID NUMBER: KSD000203638

HANDLER NAME:

Drew Industries (Asplund Chem)CL N/A
RCRIS 1-15-92

STREET:

3155 Fiberglass

CITY:

Kansas City

EVALUATION

New ☐ Followup ☒ Delete ☐ V 9/24/93

Date 9/1 10 29 Agency S Type CSE Reason 01 Person LRR District ME

Areas of Evaluation (EV - Evaluted, NE - Not Evaluted, NA - Not Applicable)

Generator			Transporter			Treatment/Storage/Disposal Facility			Other			
3ER	<input checked="" type="checkbox"/>	GPT	TGR	<input type="checkbox"/>	DCH	<input type="checkbox"/>	DGW	<input type="checkbox"/>	DMC	<input type="checkbox"/>	CAS	<input type="checkbox"/>
3GR	<input type="checkbox"/>	GRR	TMR	<input type="checkbox"/>	DCL	<input checked="" type="checkbox"/>	DIN	<input type="checkbox"/>	DMR	<input checked="" type="checkbox"/>	FEA	<input type="checkbox"/>
3LB	<input type="checkbox"/>	GSC	TOR	<input type="checkbox"/>	DCP	<input checked="" type="checkbox"/>	DLB	<input checked="" type="checkbox"/>	DOR	<input type="checkbox"/>	ILD	<input type="checkbox"/>
3MR	<input type="checkbox"/>	GSQ	TRR	<input type="checkbox"/>	DFR	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DOT	<input type="checkbox"/>		<input type="checkbox"/>
3OR	<input type="checkbox"/>		TWD	<input type="checkbox"/>	DGS	<input checked="" type="checkbox"/>	DLT	<input type="checkbox"/>	DPB	<input type="checkbox"/>		<input type="checkbox"/>
									DPP	<input type="checkbox"/>		<input type="checkbox"/>
									DSI	<input type="checkbox"/>		<input type="checkbox"/>
									DTR	<input type="checkbox"/>		<input type="checkbox"/>
									DTT	<input type="checkbox"/>		<input type="checkbox"/>
									DWP	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS

In Compliance


R00011211
RCRA Records Center

VIOLATION # 1

Link to:

New ☐ Change ☒ Delete ☐Comments ☐

Agency S Number 5 Area GGR Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28313

Date Determined

Returned to Compliance

MM 10 DD 29 YY 91

Scheduled: MM 12 DD 30 YY 91

Actual: MM 12 DD 17 YY 91

VIOLATION # 2

Link to:

New ☐ Change ☒ Delete ☐Comments ☐

Agency S Number 6 Area DGS Class 1 Priority ☐ Type SR

Regulation Citation: personnel training

Date Determined

Returned to Compliance

MM 10 DD 29 YY 91

Scheduled: MM 12 DD 30 YY 91

Actual: MM 12 DD 17 YY 91

VIOLATION # 3

Link to:

New ☐ Change ☒ Delete ☐Comments ☐

Agency S Number 7 Area DMR Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28314

Date Determined

Returned to Compliance

MM 10 DD 29 YY 91

Scheduled: MM 12 DD 30 YY 91

Actual: MM 12 DD 17 YY 91

VIOLATION # 4

Link to:

New ☐ Change ☒ Delete ☐Comments ☐

Agency S Number 8 Area DLB Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28314

Date Determined

Returned to Compliance

MM 10 DD 29 YY 91

Scheduled: MM 12 DD 30 YY 91

Actual: MM 12 DD 17 YY 91

Drew Industries

RECEIVED
BUREAU OF
ENVIRONMENTAL
PROTECTION

JAN 8 1995
Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
B

ID Number:

Handler Name:

VIOLATION

New ☐ Change ☐ Delete ☐

Link to:

Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined

Returned to Compliance

MM DD YY

Scheduled: MM DD YY

Actual: MM DD YY

VIOLATION

New ☐ Change ☐ Delete ☐

Link to:

Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined

Returned to Compliance

MM DD YY

Scheduled: MM DD YY

Actual: MM DD YY

VIOLATION

New ☐ Change ☐ Delete ☐

Link to:

Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined

Returned to Compliance

MM DD YY

Scheduled: MM DD YY

Actual: MM DD YY

VIOLATION

New ☐ Change ☐ Delete ☐

Link to:

Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined

Returned to Compliance

MM DD YY

Scheduled: MM DD YY

Actual: MM DD YY

VIOLATION

New ☐ Change ☐ Delete ☐

Link to:

Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined

Returned to Compliance

MM DD YY

Scheduled: MM DD YY

Actual: MM DD YY

VIOLATION

New ☐ Change ☐ Delete ☐

Link to:

Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined

Returned to Compliance

MM DD YY

Scheduled: MM DD YY

Actual: MM DD YY

ENFORCEMENT

New ☐ Change ☐ Delete ☐

Date YY MM DD

Number

Agency

Type

District

Person

COVERED VIOLATIONS

Link to:

Agency	Violation Number	Area
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>

Comments:



Hazardous Waste Compliance Monitoring and Enforcement Log

RECEIVED
BUREAU OF

DEC 2 1991

FORM
A

AIR and WASTE

HANDLER

ID NUMBER: KSD000203638

LDF () TSF (X) GEN () KG () SQ (X) TRA ()
HWM () HWB () UOM () UOB () NOT A GEN ()

HANDLER NAME: Drew Industries (Ashland Chemical)

AT MT CL 12-10-91
FT 12-10-91 RCRIS 12/10/91
Hwy 12-10-91

STREET: 3155 Filings

CITY: Kansas City

EVALUATION

New ☒ Followup ☐ Delete ☐ Verified in Hwms 1-4-92 - 1-26-91

Date 9/1 10 29 Agency S Type CEF Reason EO Person LRR District ☐

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other	
GER <input checked="" type="checkbox"/>	GPT <input type="checkbox"/>	TGR <input type="checkbox"/>		DCH <input checked="" type="checkbox"/>	DGW <input checked="" type="checkbox"/>	DMC <input checked="" type="checkbox"/>	DPP <input checked="" type="checkbox"/>	CAS <input type="checkbox"/>	
GGR <input type="checkbox"/>	GRR <input type="checkbox"/>	TMR <input type="checkbox"/>		DCL <input checked="" type="checkbox"/>	DIN <input checked="" type="checkbox"/>	DMR <input checked="" type="checkbox"/>	DSI <input checked="" type="checkbox"/>	FEA <input type="checkbox"/>	
GLB <input type="checkbox"/>	GSC <input type="checkbox"/>	TOR <input type="checkbox"/>		DCP <input checked="" type="checkbox"/>	DLB <input checked="" type="checkbox"/>	DOR <input checked="" type="checkbox"/>	DTR <input checked="" type="checkbox"/>	ILD <input type="checkbox"/>	
GMR <input type="checkbox"/>	GSQ <input type="checkbox"/>	TRR <input type="checkbox"/>		DFR <input checked="" type="checkbox"/>	DLF <input checked="" type="checkbox"/>	DOT <input checked="" type="checkbox"/>	DTT <input checked="" type="checkbox"/>		
GOR <input type="checkbox"/>		TWD <input type="checkbox"/>		DGS <input checked="" type="checkbox"/>	DLT <input checked="" type="checkbox"/>	DPB <input checked="" type="checkbox"/>	DWP <input checked="" type="checkbox"/>		

COMMENTS

VIOLATION # 1 Link to: ☐

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 0005 Area 3 Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28-31-3

Date Determined 10/29/91 Returned to Compliance wrong waste code

Scheduled: 12/30/91 Actual: ☐

VIOLATION # 2 Link to: ☐

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 0006 Area GPB Class 1 Priority ☐ Type SR

Regulation Citation: personal training Sec. 4 of permit

Date Determined 10/29/91 Returned to Compliance personal training

Scheduled: 12/30/91 Actual: ☐

VIOLATION # 3 Link to: ☐

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 0007 Area DMR Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4(1)

Date Determined 10/29/91 Returned to Compliance personal training

Scheduled: 12/30/91 Actual: ☐

VIOLATION # 4 Link to: ☐

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 0008 Area DLB Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4

Date Determined 10/29/91 Returned to Compliance personal training

Scheduled: 12/30/91 Actual: ☐

Drew Industries

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
B

ID Number:

Handler Name:

VIOLATION # Link to:

New ☐ Change ☐ Delete ☒ Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined Returned to Compliance

MM DD YY

Scheduled:

Actual:

VIOLATION # Link to:

New ☐ Change ☐ Delete ☒ Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined Returned to Compliance

MM DD YY

Scheduled:

Actual:

VIOLATION # Link to:

New ☐ Change ☐ Delete ☒ Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined Returned to Compliance

MM DD YY

Scheduled:

Actual:

VIOLATION # Link to:

New ☐ Change ☐ Delete ☒ Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined Returned to Compliance

MM DD YY

Scheduled:

Actual:

VIOLATION # Link to:

New ☐ Change ☐ Delete ☒ Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined Returned to Compliance

MM DD YY

Scheduled:

Actual:

VIOLATION # Link to:

New ☐ Change ☐ Delete ☒ Comments ☐

Agency Number Area Class Priority Type

Regulation Citation:

Date Determined Returned to Compliance

MM DD YY

Scheduled:

Actual:

ENFORCEMENT

New ☒ Change ☐ Delete ☐

Date

Number

Agency Type

District

Person

COVERED VIOLATIONS

Link to:

Agency	Violation Number	Area
S	1	66R?
S	2	065?
S	3	pmR
S	4	DLB

Agency	Violation Number	Area
S		
S		
S		
S		

Agency	Violation Number	Area
S		
S		
S		
S		

Comments: